

Can I have the copy of the NEMER I wrote  
and what the Doctor had to say the day she saw  
me please. I need surgery done for what I  
had to see the doctor February 16th 2017 please  
help me thanks for your time much Respect

X ~~Ruth Rodriguez~~

You were already Given a copy  
of the NEMER. IF you would like to see  
The doctor again you can put in another  
NEMER. Surgery was not Recommended. IF you  
want Surgery you need to pay for it. The Doctor  
Does not see ~~any~~ car accident ~~injury~~ you were asked to X.

2/20/17  
RECEIVED  
0905 N. S. LPM

FILED  
U.S. DISTRICT COURT  
DISTRICT OF WYOMING  
2017 FEB 27 PM 12:48  
STEPHAN J. JENNIS, CLERK  
CASPER

17CV14-S

INMATE'S NAME: Rogelio Rodriguez Jr

**NON-EMERGENCY MEDICAL REQUEST / CONSENT FORM**

Date of Request: February 9 Time of Request: 8:15

**Nature of the Problem: (Use separate sheet if more than one problem.)**

I think I have a strain in my groin or a hernia it hurts in my groin area.

**When was it first noticed?** January

**What caused the problem?** I don't know

**What do you want done about it?** I don't know what they do about those kind of things maby surgery I don't know what to say I can only explain what I feel and what's going on Thanks for your time much Respect

I hereby authorize the Park County Detention Centers Medical Authority and/or any other bonafide medical, dental, or optical care provider, deemed necessary by the Medical Authority, to render treatment and to perform operative and/or diagnostic examination procedures as deemed necessary and/or advisable. I hereby authorize release of information for my further care if deemed necessary.

I UNDERSTAND THAT THERE WILL BE A MINIMUM CHARGE OF \$10.00, PER VISIT, ASSESSED AGAINST MY FINANCIAL ACCOUNT FOR UTILIZING THE SERVICES OF THE PARK COUNTY DETENTION CENTERS MEDICAL STAFF. I accept any and all financial responsibility for any costs related to this request and understand this responsibility exists even after my release from the Park County Detention Center.

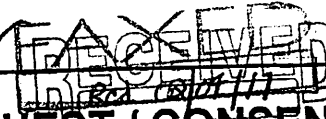
**SIGNATURE:**

**Medical Personnel's Notes:**

Observe as long as testicle descends  
Gloria Hancock APRN-C  
2-16-17

**RECEIVED**  
21317 AB

INMATE'S NAME:

Rogelio Rodriguez

D pod

7:10 PM - 0930

## NON-EMERGENCY MEDICAL REQUEST / CONSENT FORM

Date of Request: February 3Time of Request: 12:00 pm

Nature of the Problem: (Use separate sheet if more than one problem.)

inflamed bags under eyes, skin Dramatic Break out, whites in eyes veins inflamed  
 Biting side of inner cheek clenching teeth, Hair loss

When was it first noticed?

January 12th

What caused the problem?

stress, Depression, Anxiety

What do you want done about it?

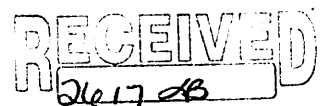
medical attention or solution

I hereby authorize the Park County Detention Centers Medical Authority and/or any other bo  
 medical, dental, or optical care provider, deemed necessary by the Medical Authority, to render treat  
 and to perform operative and/or diagnostic examination procedures as deemed necessary ;  
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 AGAINST MY FINANCIAL ACCOUNT FOR UTILIZING THE SERVICES OF THE PARK COUNTY  
 DETENTION CENTERS MEDICAL STAFF. I accept any and all financial responsibility for any costs  
 related to this request and understand this responsibility exists even after my release from the Park  
 County Detention Center.

SIGNATURE:

Medical Personnel's Notes:

Ustariil 25mg. PO q pm

**MISCELLANEOUS REQUEST FORM**

From: Rogelio Rodriguez To: Nurse Pod: D Date: 16th

today on the 16th the doctor asked me about the medical problem I'm experiencing I did not know exactly how to explain my issue but she asked in my testicle does not come down no it dose not come down did not know how to explain I'm worried I'm just being safe need help with this Please Thank? for your time

you were asked 3-4 x about your issue and you stated it does come down some on multiple occasions we will observe at this time no change in plan of care.

## Notes:

in this case according to the doctor I pulled a muscle in my groin area. this hapend on January 9th in my altracation at Bible study I just could not tell the nurse or doctor because it turned itno a simple Battery case I pleaded not guilty to. and a cant talk to any body about my case did not want to incriminate my selfe. I did get hurt in the process and I might need surgery in my groin era

**MISCELLANEOUS REQUEST FORM**

From: Rogelio Rodriguez Jr To: Medical Pod: D Date: 2-

Please tell me what medications I am  
taking and their purpose.

Thanks for your time

Vistaril 25mg Daily for anxiety/allergies / bad eyes.

**RECEIVED**  
**11-2817 AB**